

# CLIENT ADMISSION FORM

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Name:					Account #:				
Program #					Facility				

DEMOGRAPHICS									
3. Admission Date (mmddyyyy)									
5. Case Number									
10. County of Residence									
13. Living Arrangement (check one)									
<input type="checkbox"/> Homeless <input type="checkbox"/> Dependent Living <input type="checkbox"/> Independent Living									
14. Employment Status (check one)									
<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Public Assistance Benefits Depleted									
<input type="checkbox"/> Unemployed <input type="checkbox"/> Not in Labor Force									
15. Detailed Not in Labor Force (check one)									
<input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired									
<input type="checkbox"/> Disabled <input type="checkbox"/> Inmate <input type="checkbox"/> Other									
17. Has the client participated in a self-help group, support group (e.g., AA, NA, etc.) in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No									

TREATMENT AND REFERRAL									
18. Days Waiting to Enter Treatment:									
Is client waiting for a higher level of care (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No									
19. Number of Prior CD Treatment Episodes									
20. Admission Status (check one):									
<input type="checkbox"/> Voluntary <input type="checkbox"/> Forced Voluntary <input type="checkbox"/> Involuntary (commitment) <input type="checkbox"/> Court Order									
21. IV Usage (check one):									
<input type="checkbox"/> Never <input type="checkbox"/> Not in the last 12 months but since 1978									
<input type="checkbox"/> During the last 12 months <input type="checkbox"/> Not since 1978 but before 1978									
22. Is the Client Adversely affected by his/her gambling? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No									
23. Agency Referral Source (Write Description)									
24. Program Referral Source (Use Program Table)									
25. Detailed Criminal Justice Referral (check one)									
<input type="checkbox"/> State/Federal Court <input type="checkbox"/> Diversionary Program									
<input type="checkbox"/> Other Court <input type="checkbox"/> Prison									
<input type="checkbox"/> Probation/Parole <input type="checkbox"/> DUI/DWI									
<input type="checkbox"/> Other Recognized Legal Entity <input type="checkbox"/> Other									
26. Number of arrests in the last 30 days									

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## FINANCIAL / ELIGIBILITY

27. Household Income from all sources ( <i>Annual</i> )							
<input type="checkbox"/> Client refused to give income related information.							
28. Pay Frequency ( <i>check one</i> )							
<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks	<input type="checkbox"/> Bi-Monthly					
<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/> Day Labor					
29. Including yourself, how many dependents are in your household?							
30. Primary Source of Income ( <i>check one</i> )							
<input type="checkbox"/> Salary	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Retirement/Pension					
<input type="checkbox"/> Disability	<input type="checkbox"/> Other	<input type="checkbox"/> None					
31. Primary Source of Payment ( <i>check one</i> )							
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other Government Pay						
<input type="checkbox"/> Worker's Comp	<input type="checkbox"/> Other Health Insurance						
<input type="checkbox"/> No Charge	<input type="checkbox"/> Other						
<input type="checkbox"/> Self-Pay	<input type="checkbox"/> BCBS						
<input type="checkbox"/> Medicare	<input type="checkbox"/> Unknown						
32. Health Insurance ( <i>check one</i> )							
<input type="checkbox"/> Blue Cross/Blue Shield	<input type="checkbox"/> Other Private Insurance	<input type="checkbox"/> Medicare					
<input type="checkbox"/> Medicaid	<input type="checkbox"/> IHS	<input type="checkbox"/> None					
<input type="checkbox"/> Insurance Benefits Depleted	<input type="checkbox"/> CHIP	<input type="checkbox"/> ATR					

## INTERIM SERVICES

TB Services	
<input type="checkbox"/> Referral for Testing	<input type="checkbox"/> Counseling and Education
Pregnant Women	
<input type="checkbox"/> Referral for Testing	<input type="checkbox"/> Counseling and Education
IV Drug User	
<input type="checkbox"/> Referral for Testing	<input type="checkbox"/> Counseling and Education

## CRITICAL POPULATIONS

Check All That Apply

- |  |   |
|--|---|
| <input type="checkbox"/> a. DUI Offender             | <input type="checkbox"/> j. On Pre-Release            |
| <input type="checkbox"/> b. Receiving Food Stamps    | <input type="checkbox"/> k. Other Incarcerated Person |
| <input type="checkbox"/> c. Receiving Medicaid       | <input type="checkbox"/> l. Pregnant Woman*           |
| <input type="checkbox"/> d. Receiving AFDC           | <input type="checkbox"/> m. Woman w/Dependents*       |
| <input type="checkbox"/> e. Receiving SSI*           | <input type="checkbox"/> n. Homeless*                 |
| <input type="checkbox"/> f. IV Drug User*            | <input type="checkbox"/> o. Mandatory Monitoring      |
| <input type="checkbox"/> g. Protective Services Case | <input type="checkbox"/> p. Receiving SSDI*           |
| <input type="checkbox"/> h. Probation                | <input type="checkbox"/> q. Infected AIDS*            |
| <input type="checkbox"/> i. On Parole                |   |